

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

09/560,591

SERIAL NO.   FILING DATE 5/26/00

APPLICANT(S)  

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	11					
TOTAL DEP.	108					
TOTAL CLAIMS	119					

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